

RECEIPT



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Patent
Attorney's Docket No. 040070-692

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Joakim Persson et al.

Application No.: 09/632,933

Filed: August 4, 2000

For: SYNCHRONIZATION OF
AUTHENTICATION CIPHERING
OFFSET

) Group Art Unit: Unassigned

) Examiner: Unassigned

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Technology Center 2100

REQUEST FOR CORRECTED OFFICIAL FILING RECEIPT

Assistant Commissioner for Patents
Office of Initial Patent Examination
Customer Service Center
Washington, D.C. 20231

Sir:

Enclosed is a copy of the Official Filing Receipt marked in red to show corrections that are needed. The corrections are as follows.

Please change the name and address of the second named inventor from "Ben Smeets, Residence Not Provided" to --Bernard Smeets, Dalby, Sweden--; and

Please change the address of the third named inventor from "Residence Not Provided" to --Malmö, Sweden--.

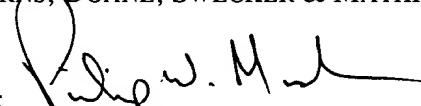
Issuance of a corrected Official Filing Receipt is respectfully requested.

Enclosed is a copy of the executed declaration as submitted in Response to the Notice to File Missing Parts on November 21, 2000 showing the correct information. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By:


Philip W. Marsh
Registration No. 46,061

P.O. Box 1404
Alexandria, Virginia 22313-1404
(703) 836-6620
Date: February 1, 2001



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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/632,933	08/04/2000	2766	690	040070-692	7	12	2

21839
BURNS DOANE SWECKER & MATHIS L L P
POST OFFICE BOX 1404
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OC00000005424198

Date Mailed: 09/25/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

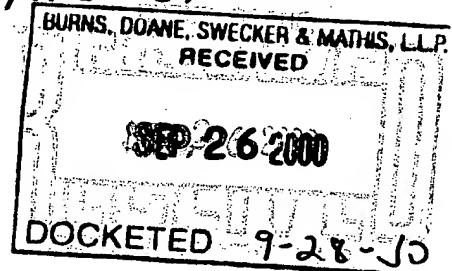
Joakim Persson, Residence Not Provided;
 Ben Smeets, Residence Not Provided;
 Tobias Melin, Residence Not Provided;

Bernard Smets, Dalby, Sweden and
 Tobias Melin, Malmö, Sweden.

Continuing Data as Claimed by Applicant

Foreign Applications

If Required, Foreign Filing License Granted 09/24/2000



Title

Synchronization of authentication ciphering offset

Preliminary Class

380

040070-692

ERICSSON

RL6/KBL/PWTM

Data entry by : JONES, ANGELONA

Team : OIPE

Date: 09/25/2000



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Bib Data Sheet

CONFIRMATION NO. 3920

SERIAL NUMBER 09/632,933	FILING DATE 08/04/2000 RULE	CLASS	GROUP ART UNIT 2131	ATTORNEY DOCKET NO. 040070-692
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APPLICANTS

Joakim Persson, Lund, SWEDEN;
 Ben Smeets, Dalby, SWEDEN;
 Tobias Melin, Malin, SWEDEN;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 09/24/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY SWEDEN	SHEETS DRAWING 7	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

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TITLE

Synchronization of authentication ciphering offset

FILING FEE RECEIVED 820	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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